

AC 3271-S (Effective 4/12)

FORM A

CUA

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: Sing Sing Correctional Facility  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: White Glove Placement Contract Number: C070014S1S  
 Contract Start Date: 3/1/19 Contract End Date: 8/30/19

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
LPN	2.00	2,759.50 <del>3,120.50</del>	111,256.72 <del>125,232.05</del>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	2.00	2,759.50 <del>3,120.50</del>	111,256.72 <del>125,232.05</del>
<b>Grand Total</b>	2.00	2,759.50 <del>3,120.50</del>	111,256.72 <del>125,232.05</del>

Name of person who prepared this report: Donna Rasmussen

Title: Director of Vendor Services

Phone #: 718-387-8181 ext 3255

Preparer's Signature: *Donna Rasmussen*

Date Prepared: 10/24/2019

*Shannon [Signature]*

(Use additional pages, if necessary)